



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
www.hivcommission-la.info

While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES March 12, 2015

Approved
7/9/2015

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT (cont.)	COMMISSION MEMBERS ABSENT	DHSP STAFF
Michael Johnson, Esq., Co-Chair	Mitchell Kushner, MPH, MD	Alex Castillo (Alt.)	Kyle Baker
Ricky Rosales, Co-Chair	Bradley Land	James Chud, MS (Alt. to Kochems)	Juhua Wu, MA
Alvaro Ballesteros, MBA	Douglas Lantis	Rev. Alejandro Escoto, MA	
Joseph Cadden, MD	Rob Lester, MPP	(Alt. to Rivera)	
Raquel Cataldo	Abad Lopez	Lilia Espinoza, PhD	COMMISSION STAFF/CONSULTANTS
Kevin Donnelly	Miguel Martinez, MSW, MPH	Lynnea Garbutt	
Michelle Enfield	Marc McMillin	Gambit Geniess (Alt. to Smith)	Dawn McClendon
Dahlia Ferlito, MPH (pending)	Ismael Morales	Sharon Holloway (Full to Morales)	Jane Nachazel
Suzette Flynn	José Munoz	Patsy Lawson	Yeghishe Nazinyan, MS, MD
Susan Forrest	Mario Pérez, MPH	Ted Liso (Full to Lantis)	James Stewart
Aaron Fox, MPM	Gregory Rios	Jenny O'Malley, RN, BSN (Alt. to Rios)	Nicole Werner
David Giugni, LCSW	Juan Rivera	Angélica Palmeros, MSW	
Terry Goddard, MA	Jill Rotenberg	Maria Roman (Alt. to Granados)	
Grissel Granados, MSW	Shoshanna Scholar	Sabel Samone-Loreca (Full to Forrest)	
Joseph Green/Erik Sanjurjo, MA	Terry Smith, MPA	Jason Tran (Full to Lester)	
Kimler Gutierrez (pending)	LaShonda Spencer, MD	Monique Tula	
Ayanna Kiburi, MPH	Will Watts, Esq.	Terrell Winder	
AJ King, MPH	Fariba Younai, DDS		
Lee Kochems, MA	Richard Zaldivar		
PUBLIC			
Isauro Ayalo	Ernesto Aldana	Sanunu Alu	Alfredo Alvarado
Ricardo Alvaras	Jaime Alvarez	Ruby Anderson	Tasia Anderson
Arturo Anias	Jamie Baker	Leo Balen	Mark Bartolovich
Traci Bivens-Davis	Jeronimo Borajos	Denise Cadle	Scott Campbell
Jose Carmona	Efren Chaca	Stealey Chatarey	Luis Chavez
Geneviève Clavreul	Edd Cockrell	Juan Contreras	Phil Curtis
Porchia Dees	Josiah De Guzman	Oscar De La O	Frankie De Latura
Whitney Engeran-Cordova	Guillermo Frago	Sergio Fuentes	Thelma Garcia

Commission on HIV Meeting Minutes

March 12, 2015

Page 2 of 9

PUBLIC (cont.)			
Marvin Gillium	Christine Glaspie	Lisa Goldstein	Michelle Gonzalez
Terry Grant	Ronnie Grisso	Jesse Gutierrez	Gustavo Hernandez
Joshua Hernandez	Billie Jean	Mike Jones	Charlie Lawson
Gabby Leu	Eric Paul Leue	Alfredo Loezez	Jennifer Lopez
Ramiro Lugoe	Martin M.	Thomas Marshall	Quinn Martin
Eduardo Martinez	X. Millennium	Darrell Nichols	Jasen Okimaga
Humberto Oleg	Ortiz	Peter Parker	John Palomo
Marilyn Percy	Christina Perez	Craig Pulsipher	Armando Quistre
Ismael Ramirez	Yaniya Reyes-Lopez	Patricia Rojas	Rolando
Alessandra Ross, MPH	Jorge Ruiz	Natalie Sanchez	Luis Santiago
Mario Scott	Aanuu Shaouk	Evelyn Shieh	Lupina Silva
Stephen Simon	Anna Tehrarizada	Perla Tellez	Michael Thompson
Brigitte Tweddell	Maria Urena	Ramon Valenzuela	Raul Vasconez
Z. Velasquez	Lorena Vizcarra	Sandra Whitmus	William
Sharon Wilson	Tim Young		

1. CALL TO ORDER: Mr. Rosales opened the meeting at 9:15 am.

A. Roll Call (Present): Ballesteros, Cadden, Cataldo, Donnelly, Enfield, Ferlito, Flynn, Forrest, Fox, Goddard, Granados, Green, Gutierrez, Johnson, Kiburi, King, Kushner, Land, Lantis, Lester, Lopez, Miguel Martinez, Morales, Munoz, Rios, Rivera, Rosales, Rotenberg, Smith, Spencer, Watts, Zaldivar.

2. APPROVAL OF AGENDA:

MOTION 1: Adjust, as necessary, and approve the Agenda Order (*Passed by Consensus*).

3. APPROVAL OF MEETING MINUTES:

MOTION 2: Approve minutes from the 11/13/2014 Commission on HIV meetings, as presented (*Passed by Consensus*).

4. PUBLIC COMMENT (Non-Agendized or Follow-Up):

- Eduardo Martinez, AIDS Healthcare Foundation (AHF), introduced 35 AHF volunteers who represent the estimated 24,000 PLWH out of care in the County. In addition to AHF, volunteers living with HIV received care at multiple other agencies such as 5P21, Altamed, Cedars-Sinai Medical Center, JWCH, Los Angeles LGBT Center, MC Clinic, Oasis Clinic and St. Mary Hospital. Other volunteers were impacted by HIV through others they know or serve.
- All stressed the importance of maintaining Ryan White (RW) funding for medical care. Many had migrated to ACA or Medi-Cal Expansion medical services, but had been dependent on RW and ADAP for years. They advocated maintaining services both to link and retain those not yet in care and as a backstop should political landscape changes compromise ACA.
- Mr. Leue thanked the Commission for PEP/PrEP support. The PEP/PrEP Work Group has had good meetings with Supervisor Knabe's and Ridley-Thomas' Offices on the 3/18/2015 Health Commission meeting. More meetings were planned.
- He advised AHF volunteers that the Commission was truly passionate. Currently, 79% of PLWH out of care in the County have tested HIV+. He felt AHF did not endorse legislation that supported continuous counseling and linkage to achieve viral suppression until 2013. Of PLWH in the County, 44% are linked to care while just 35% are retained due to lack of counseling services and 24% have undetectable viral loads which is better than the national average although still too low.
- Mr. Cockrell came to challenge the Commission to respond to youth a year ago. He found the Commission passionately worked behind the scenes and was advised to get involved, e.g., at the Consumer Caucus and Committee meetings. He and others took up the invitation. His involvement has helped him re-enter the fight with Commission education and compassion. He was also a client of AHF and appreciated its contribution, too. He urged trying to avoid politicizing issues.
- Mr. Nichols, Peer Advocate, Exodus, inherited an HIV+ heterosexual support group when its funding at an agency was lost. He had friends in the group and Exodus gave it a home since it is the only such group in Los Angeles. The group meets twice a month and needs assistance, e.g., referrals, donations and assistance with data, research and education.

- Ms. Tellez, HIV Health Educator, East Los Angeles Women's Center, reported the Center has a 12-hour training for Latinas; Project Las Muchachas, a support group for women who work in strip clubs or bars; and a support group for HIV+ women.

5. COMMISSION COMMENT (Non-Agendized or Follow-Up):

- Mr. Land thanked consumers for participating. It takes great courage to disclose one's HIV status and openly join the fight..
- Mr. Fox also thanked the consumers for their advocacy. It lies heavy on everyone's shoulders that so many in the County, California and the US are out of care. He was, however, disturbed when PLWH or those at risk were misinformed.
- He clarified that no cuts have been proposed for ADAP since 2010. The other issue raised both at the last meeting and today was so-called "cuts" to medical services in the County. Political speak can confuse the issue. There is a difference between a "reduction" and a "cut." A reduction simply means funds are reduced in an area not serving as many people as previously and increased in another. That allows the County to use all its funds across all its services. Funding for a service category that cannot use the funds remains on the table and eventually the federal government takes it back.
- It sounds as though this reduction was portrayed as a cut to funds and leave those undiagnosed or out of care without services should they enter care. It would be amazing if a breakthrough was able to bring thousands more into care. If that happened, the Commission could review and change allocations to meet the need and DHSP could adjust contracts.
- Mr. Johnson has been HIV+ since 2002 with RW his primary payer source for years. PP&A addresses this topic. Its next meeting will be 3/17/2015, 1:00 pm, at the Commission offices. Messrs. Ballesteros and Land, Co-Chairs, have been HIV+ for more than 20 years and fight passionately to identify unmet need and allocate resources to address it. All are invited.
- The Public Policy Committee addresses related policy issues. Its next meeting will be 3/25/2015, 1:00 pm, also at the Commission. Messrs. Fox and Zaldivar, Co-Chairs, are also passionate about prevention, identifying PLWH and getting them into care. Also open to the public, these two Committees are the core mechanisms for anyone to participate in the process.
- Mr. Lopez also encouraged participants to attend the Consumer Caucus meeting after the Commission meeting.
- Ms. Enfield announced 3/20/2015 is National Native HIV/AIDS Awareness Day. An event at United American Indian Involvement, 1125 W. 6th Street, Los Angeles, 9:00 am to 4:00 pm, will include HIV 101, STD information, mental health care and information on the link between domestic violence and HIV infection. Flyers will be on the resource table.
- ➡ Mr. Rivera requested more information on the basis for the 24,000 estimated out of care statistic.
- ➡ Mr. Donnelly was inspired by the day's community participation to volunteer for the Community Engagement Task Force. Mr. Rosales noted the Task Force is part of Executive and a Task Force meeting will be scheduled at the next Executive.

6. CO-CHAIRS' REPORT:

- Mr. Johnson reported prior Executive Director, Craig Vincent-Jones, returned to work at the Department of Public Health with Dr. Anna Long. The Executive Office will work with the Commission on parameters for an Executive Directory search.
- Commission Co-Chair elections will be held in June or July. Mr. Johnson thanked everyone for the years he has served, but felt it was time to step down from the seat. He wanted other Commission members to have time to consider whether now was the time to serve in that seat. The candidate must be HIV+ and a Commission member for one year.
- He was happy to talk with interested members about the responsibilities and examples of successes and difficulties.
- Mr. Rosales said paperwork went through for two 120-day retiree staff and a student worker. Doris Reed passed Life Scan and will start 3/16/2015 supporting SBP. Carolyn Echols-Watson will support PP&A. All thanked Ms. McClendon and staff.

A. Los Angeles Health Agency Update:

- Mr. Johnson noted the agency would serve as an unification mechanism to integrate the Departments of Health Services, Public Health and Mental Health. Dr. Christina Ghaly is leading the effort. She spoke at the Commission last month and has been meeting with stakeholders countywide to ensure integration creates an effective mechanism..
- The Commission formed a work group to develop input. The Executive Committee approved the framework it developed. Points will be finalized and sent in a letter to the Chief Administrative Office, most likely next week..
- The report to the Board was originally due 3/15/2015, but that was extended to 3/30/2015 to facilitate feedback.
- Ms. Clavreul said she felt the Board's original 1/13/2015 motion was brought by the County without notice in violation of the Brown Act. The draft date was postponed because she and others had requested a delay.
- In 2004, Ms. Clavreul contacted the Civil Grand Jury out of concern for how health services were being provided. The Grand Jury reviewed the matter and determined the best form to provide services would be a health authority, not agency. Health authorities hold power in the medical body rather than the political arena. She opposed this proposal.

B. CDC Grant APR Update:

- Mr. Rosales noted the Commission's charge includes planning County HIV prevention activities. A portion of the Annual Progress Report (APR) addresses community planning. The Commission provides that portion to DHSP for inclusion in the full APR which has data reflecting actual prevention program activities.
- He thanked Mr. King, Mr. Smith and Ms. McClendon for help in developing the Commission's portion. It was submitted to DHSP the prior Friday. He anticipated DHSP may request some adjustments. The APR will be shared once finalized.

7. DIVISION OF HIV/STD PROGRAMS (DHSP) REPORT:

A. Administrative Agency:

- Mr. Pérez reported the YR 24 RW Parts A and B awards have been maximized. RW YR 25 began 3/1/2015, but awards have not yet been received. In anticipation of federal planning guidance, the state has begun to consider what an integrated planning process may look like. He suggested the Office of AIDS discuss that under their report.
- DHSP is working with its state and ADAP partners to finalize a request for a waiver from HRSA's 75% core medical services funding requirement to maximize resources. Many former RW medical patients migrated to other payer sources post-Medicaid Expansion and ACA implementation. He thanked the Commission for its letter of endorsement.
- The White House Office of National AIDS Policy (ONAP) will hold four listening sessions preparatory to updating the National HIV/AIDS Strategy which runs through 2015. Douglas Brooks, MSW, Director, and staff will visit Los Angeles, tentatively on 4/22/2015. DHSP is coordinating with ONAP, the Commission and stakeholders to finalize arrangements.
- ➡ DHSP and the Executive Committee will develop a presentation on the Ryan White waiver with background and need.

B. HIV/STD Services:

- The Board recently approved a contract with Valerie Coachman-Moore & Associates. The firm responded to an RFP to help support continued community planning in South Los Angeles pertaining to its significant STD burden. The multi-year contract is effective immediately. The goal is to enlist a broad range of community partners including providers, health advocates, public opinion leaders and youth to help change the delivery of STD services. A social ecological framework is guiding the work with five, targeted deliverables. He encouraged interested parties to become involved.
- The County hosted a CDC-sponsored meeting organized by the National Coalition of STD Directors for a subset of jurisdictions to address the domestic response to STDs especially in bringing interventions to scale, e.g., using data to inform programs, less common in the STD than the HIV arena; patient-delivered partner therapy; and policy issues.
- DHSP also discussed issues especially pertinent to the West Coast with its state and San Francisco partners. Modernizing partner services, enhancing linkage to care and improvement of data-sharing and surveillance were key topics.
- Mr. Pérez reported DHSP will present a framework for PrEP roll-out at the 3/18/2015 Health Deputies meeting. People are accessing PrEP through demonstration projects, private insurance plans, Medicaid/Medicare and the Gilead Patient Assistance Program so there is wide and growing availability. DHSP's focus is to fill safety net gaps.

C. Research/Surveillance: There was no report.

8. CALIFORNIA OFFICE OF AIDS (OA) REPORT:

A. California Planning Group (CPG):

- The CPG met 3/11/2015 in Sacramento and began developing the statewide needs assessment survey tool.
- Ms. Kiburi noted OA was waiting for HRSA and CDC guidance, but a February 2014 memorandum advised they were working to align guidance for RW Parts A/B and CDC Jurisdictional Prevention Plan. Guidance was anticipated by May.
- A table was released this February summarizing examples of integrated planning activities. Examples highlight that there may be an expectation that will allow one guidance for a state to submit a single integrated HIV/AIDS Coordinated Statement of Need and Comprehensive Plan that would fulfill legislative and programmatic requirements for RW Parts A and B and all three HIV CDC prevention grantees: California DPH, Los Angeles and San Francisco.
- Pending the guidance, OA has advised California stakeholders it was developing an integrated process in order to ensure an inclusive and coordinated process. The OA Needs Assessment is assessing needs, capacity and service gaps for care/treatment and prevention. The CPG helped identify service areas, populations and improved terminology. OA provided the CPG with draft lists of services and priority populations. The CPG expanded both lists considerably.
- The 2014 and February 2015 HRSA and CDC documents and OA's recent letter to stakeholders are on the OA website. OA's next step will be engaging RW Part A grantees to identify possible activities they may want to do collaboratively.
- Mr. Rivera added the CPG discussed continued delayed OA-HIPP payments and Insurance Assistance Section challenges, e.g., some consumers do not receive or discard their six-month letters. Envelopes will be redesigned to look more important, ADAP Enrollment Workers will discuss letters with clients and a notification card will precede it.

- The CPG also discussed prevention, especially PrEP, including anecdotal stories from the community, concerns and suggestions. A PrEP presentation was postponed to the next meeting. AB 1743, access to sterile syringes, was discussed with a focus on ensuring pharmacists are educated on the current law and stigma surrounding IDU. There was an informative discussion on the needs of rural communities. Mr. Rivera reminded all that the County includes rural areas.
- Mr. Land recommended Enrollment Workers personally call consumers about their six-month letters. He has had times when he needed to be heavily medicated. That makes it hard to address general disease maintenance much less additional requirements. He urged advocacy to add a phone call to the notification process.
- He also urged the CPG to be more active in the state's HIV/AIDS fight and more interactive, e.g., many monthly CPG reports are minimal while that day's report included enhancement of OA's service and priority population lists without providing the lists for review. Ms. Kiburi said lists were being reviewed and would be reflected in CPG meeting minutes.
- Mr. Rivera felt most work occurred at the two annual in-person meetings. Follow-up work continues for a month or two and then slows. He would like more in-person meetings. Ms. Kiburi expected more OA/CPG interaction to address OA's core medical services waiver application and needs assessments. A webinar was planned between meetings on the core medical services waiver. Ideas to increase transparency and/or other activities can be shared with Mr. Rivera.

B. OA Work/Information:

- Ms. Kiburi reported on four Management Memorandums to ADAP Enrollment Workers. All are on OA's website: www.cdph.ca.gov/programs/aids/Pages/OAADAPMM.aspx. 2015-01, 2/5/2015, addresses OA-HIPP policies on Retroactive Covered California Payments and Advanced Premium Tax Credit Reconciliation.
- 2015-02, 2/5/2015, updates OA-HIPP Employer-Based Health Insurance and the Client Responsibilities Document.
- 2015-03, 2/24/2015, advises that the AIDS Regional Information and Evaluation System Consent Form is no longer required as part of the OA-HIPP application packet for new or renewal enrollment.
- 2015-04, 2/27/2015, provides information on addition of atazanavir 300 mg/cobicistat 150 mg (Evotaz) tablets and darunavir 800 mg/cobicistat 150 mg (Prezcobix) tablets to the ADAP formulary.

9. PARLIAMENTARY TRAINING: There was no report.

11. STANDING COMMITTEE REPORTS:

A. Planning, Priorities and Allocations (PP&A) Committee:

1) City of Long Beach Service Utilization Update:

- Mr. Land reported the update was reviewed at the last PP&A meeting and forwarded to Executive for their response to the Board of Supervisors. Executive was finalizing the response.
- The public also asked PP&A to request information directly from the City. PP&A was working with Dr. Kushner to obtain the information. It should be available by the next PP&A meeting.

2) CHP Task Force Recommendations: The recommendations were forwarded to Executive. A key recommendation was for an Executive retreat that could help facilitate decisions to frame CHP planning with particular paradigms.

3) HIV Prevention and Linkage, Engagement and Retention in Care:

- PP&A heard this presentation as part of a series to inform review of service utilization, how need was being addressed, potential improvements and how to best close existing gaps. Upcoming presentations will address My Health LA and HOPWA followed by review of a list of potential services from a prior brainstorming session.
- This work collectively provides a foundation for eventually developing priorities and allocations. It is important for all stakeholders to pay attention to the system changes that are occurring and work to adjust to them. People at the table should take special care to ensure their constituent groups are educated on information presented here.

B. Operations Committee:

1) New Membership Slate:

- Mr. Green noted nine people sat on interview teams of three for the approximately 30 candidates. Five of the nine drafted the slate. This membership drive began in November 2014. The next will begin in approximately 60 days.
- Mr. Land asked about candidates not seated. Mr. Green acknowledged three consumer candidates who were part of a required demographic were not seated. Mr. Land appreciated Operations work, but was concerned when consumer candidates in a required demographic were not seated. He urged reviewing how to improve outreach, e.g., perhaps consumers whose primary language is Spanish would benefit by a bilingual interviewer on the team.
- Mr. Green said candidates not seated were invited to re-apply and will be notified of the next process.

- Mr. Zaldivar stated a consumer is not qualified just because s/he applies. Community outreach to both HIV+ and HIV- consumers was more important to increase representation, including Latino subpopulations such as Chicanos and Caribbean-Latinos, than any issue in a process determined by the responsible Committee.
- Mr. Smith participated in the process and felt it fair and equitable. As a black, gay, HIV+ man, he has been placed on bodies solely for his demographic and found it insulting. The Work Group sought, not to fill every seat, but to choose the best and brightest. Candidates not seated were urged to re-apply and get involved, e.g., in Committees.
- Ms. Forrest urged re-opening the mentoring discussion including use of Alternate seats as learning opportunities.
- Mr. Rivera understood some populations receive extra points, but those with language barriers offer special insight into barriers faced by such populations. He felt it valuable to seek a spot for them, e.g., as an Alternate.
- Mr. Kochems said both prior bodies traditionally had difficulty in achieving representation of target populations. He urged the newly integrated Commission to look with fresh eyes at how to do better than either predecessor. In some cases, passion to serve might be enough to inspire a new member to develop needed skills via participation.
- Mentorship need not be formal. He set up a weekly phone call with a more experienced member when he first started. People also called him if they had information to share. He urged members to reach out to one another.
- Ms. Rotenberg said the Training Work Group is already revisiting and revamping the mentorship program.
- Ms. Grandos noted she, Mr. Rosales and Mr. Zaldivar re-convened the Latino Caucus a couple of weeks ago. They agreed to have meetings every couple of months to address issues pertinent to the Latino population for current Commission members to ensure messages are disseminated into the Committees. Regarding Latino representation on the Commission as a whole, she suggested greater emphasis on consumer representation as part of selection.
- Mr. Rosales said the final slate was compared to demographics of the County's HIV epidemic. The slate is slightly short of the goal for Latinos, but the group anticipated the next membership drive could rectify the discrepancy.
- Ms. Enfield complimented Operations. She noted she was the sole Native American on the Commission.
- Mr. Engeran-Cordova noted he has perspective having been a Commission member and now having been away for a time. He suggested a meeting time study of time spent on actual HIV work versus other things.
- ➡ Mr. Green offered to personally reach out to candidates not seated for the next process.
- ➡ The approved slate will be forwarded to the Executive Office for inclusion on the Board's agenda.

Motion 3: Approve New Membership Slate, as presented (***Passed by Consensus***).

2) Policy #08.2109: Meeting Minutes and Summaries:

- Mr. Green presented the draft proposal based on input from Mr. Stewart and Ms. Nachazel.
- ➡ The vote was rescheduled for next month in order to open the usual 30 day public comment period.

Motion 4: Approve Policy #08.2109: Meeting Minutes and Summaries, as presented (***Postponed***).

3) Comprehensive Training Program (CTP):

a) Training Work Group: Commissioner Orientation Agenda:

- Mr. King reported he, Mr. :antis and Ms. Rotenberg were developing a revised one-day, streamlined, interactive Orientation. The goal was not to overwhelm new members, but to provide basic information followed by continuous education including a mentorship program. The draft agenda was in the packet.
- The Orientation, tentatively scheduled before the May Commission meeting, was designed for new members, but existing Commission members were encouraged to attend.

C. Standards and Best Practices (SBP) Committee:

1) Patient Choice Work Group Report:

- Dr. Younai noted the report in the packet. Commission Co-Chairs attended the January meeting and requested SBP form a work group to review the issue of client choice and health outcomes.
- The work group did a literature search on the topic. Only a couple of papers reviewed it. One described choice as choosing between a hospital setting and a private care provider. Measurable health outcomes did not differ, but the majority of those exercising a choice were more affluent and educated than those who did not.
- Review of overall Health-Related Quality of Life (HRQoL) offers more findings. HRQoL domains are psychosocial, psychological, behavioral and clinical. SBP could review client satisfaction as it relates to HIV health outcomes.
- ➡ Recommendation: Change focus of possible research from patient choice to HRQoL client satisfaction determinant.

2) Standards of Care Publication Update: There was no report.

3) Service Category Definition Work Group: There was no report.

4) TLC+ Roundtable Re: MCC: There was no report.

D. Public Policy Committee:

- Mr. Fox said the Senate Budget Subcommittee on Health met the prior week. The new Republican is a pharmacist so understands issues, e.g., support for syringe exchange as prevention increased with the high cost of new HVC drugs.
- OA presented on HIV needs and the California HIV Alliance made several asks including raising ADAP eligibility to 500% of the Federal Poverty Level and linkage to household size. OA Technical Assistance indicated that could actually save funds rather than cost any. Other asks were on prevention, stabilization of OA-HIPP and HCV test kits.
- The Assembly Budget Subcommittee on Health will hold its first hearing next month.
- Mr. Engeran-Cordova, AHF, requested support on AB 521 which supports Emergency Room (ER) HIV testing. He asked to present on the bill at Public Policy to gather feedback as he has done with New York ER physicians, where testing is done, and the California Medical Association. AHF continues to support expanded testing.

1) AB 517: Sexual Health and HIV/AIDS Prevention Education:

- Mr. Fox noted state legislation for this session must be submitted by the end of February. Public Policy will provide a full legislation docket for review in April.
- It is recommending opposition to a bill that has been submitted: AB 517: (Gallager) Sexual Health and HIV/AIDS Prevention Education. It would require parents/guardians of school district pupils from kindergarten through grade 12 to provide written consent for comprehensive sexual education or HIV/AIDS prevention education in an assembly, taught by an outside consultant or presented by a guest speaker.
- Parents/guardians currently can opt out of such education for their pupils at the start of the school year. This bill would expand their ability to exclude their children from comprehensive sexual health and HIV prevention.

Motion 5: (Fox/Zaldivar): Oppose AB 517: (Gallager) Sexual Health and HIV/AIDS Prevention Education and forward the Commission's recommendation to the Board **(Passed by Consensus; 1 Abstention)**.

2) PEP/PrEP Update: There was no additional discussion.

3) Access to Sterile Syringes: New California Law:

- Ms. Ross, Injection Drug Use Specialist, OA, presented on the US history of access to sterile syringes and new prevention opportunities due to changes to California law. AB 1743 passed in 2014, effective as of 1/1/2015.
- It permits licensed California pharmacies to sell or furnish syringes without a prescription to customers 18 or older, and allows adults to purchase and possess syringes for personal use when acquired from an authorized source. It removes the prior 30 syringe limit. The goal of the law is to increase access in order to reduce HIV/HCV infections.
- Syringes and other paraphernalia criminalization laws began in the 1970s as an attempt to address increased injection drug use. Unintended consequences became clear as the HIV epidemic developed and states began to move away from that approach to ensure clean needles were available to avert infection through shared syringes.
- Pharmacies must store syringes behind the counter and offer safe needle/syringe disposal by furnishing or selling sharps containers, mail-back containers and/or on-site collection. They must provide written information or verbal counseling at time of sale on drug treatment/testing access, HIV/HCV treatment access and safe sharps disposal.
- OA developed a pharmacist education campaign to increase pharmacies selling syringes without a prescription including a customizable patient information sheet and general, syringe exchange programs/law enforcement and pharmacist fact sheets. Local city/county ordinances and internal policies differ so should be checked for justification and appropriateness. Local health departments or lobbyists are best at effecting change.
- OA has also done two webinars which are available to pharmacists at any time and offer CEUs.
- The PowerPoint and model fact sheets were in the packet which is posted on the Commission website.
- Mr. Rosales said the City of Los Angeles has a letter that the last three or four Police Chiefs have signed for LAPD distribution. It was being updated with Public Policy to reflect new law. Mr. Fox added a letter was also being prepared for the County Sheriff. Ms. Ross urged addressing each jurisdiction so they know it applies to them.
- Ms. Ross also suggested reviewing local ordinances to ensure outdated regulations, e.g., a one-to-one exchange policy, are removed. Consider whether policies are necessary or useless burdens for syringe programs. It can also be effective to review the original purpose of the policy and offer another behavior that meets that concern.
- Information for consumers about participating pharmacies is very important, but difficult to develop. At the state level, staff were calling pharmacies, especially in counties with poor access.
- OA encourages local health departments to collect information and forward it to OA. Chains are divided by market and offer good impact if the market representative is willing. Syringe access discussions can also be integrated into pharmacy discussions on other topics, e.g., PrEP. Mr. Rivera noted pharmacies are trained to watch for drug abuse or misuse so distributing syringes can be counter-cultural for them.

- Ms. Ross said research shows pharmacists are most likely to be convinced if a customer requests the service. She added physicians can prescribe or give away syringes which offers a confidential option for those who want one.
- Mr. Kochems has been a researcher on drug use and syringe exchange in Long Beach areas where HIV and IDU populations overlap. Outreach information routinely circulates in certain areas, e.g., lists of pharmacies and syringe drop off sites. Often information was not on lists, but circulated verbally since some sites did not want to be openly listed. The Long Beach Health Department is in the process of updating its list.
- Ms. Goldstein, Beverly Hills Medical Plaza Pharmacy, said they specialize in HIV care and are now addressing HCV. She asked about prescriptions and insurance billing. Mr. Fox said generally nonprescribed, over-the-counter items are not billable, but Ms. Goldstein noted there are grey areas, e.g., Ensure can sometimes be billed.
- Ms. Scholar noted syringes cost approximately \$0.12 if bought in bulk. They are usually sold by pharmacies in the County for \$5.00 to 10.00 for a ten-pack. Another issue is that pharmacists are generally independent contractors who may set their own rules so syringes may not be available even from a pharmacy with a policy to sell them.
- Another common concern is accidental infection if syringes are discarded improperly, but there have been no HIV infections nationally and only three HCV infections. Public sharps containers help address concerns.
- Ms. Scholar asked about the impact of the federal ban on syringe exchange programs. Ms. Ross replied the CDC will not fund anything related to syringe exchange, but will fund other services at the same site.
- Mr. Lopez asked about sheriff and police department use of the heroin antidote. Ms. Scholar said the LAPD seems to be linking use to approval of the syringe access letter, but the San Diego PD was the first in this area to adopt Naloxone. It has had several reversals and is now a supporter. Their internal training video may be released to other departments soon. Generally, first responders are most influenced by their peers so SDPD support helps.
- Pharmacies will be able to sell Naloxone over-the-counter soon. They are developing policies. Syringe exchange programs in the County now distribute it to drug users to save each other. 81 people were revived last year.
- ➡ Public Policy will discuss outreach to share information with the Pasadena and Long Beach Health Jurisdictions. Going forward, it will review City and County regulations with a view to developing recommendations.
- ➡ Ms. Ross will check on whether syringes can be billed to insurance and report back,

12. TASK FORCE REPORTS: There was no additional discussion.

13. CAUCUS REPORTS:

A. Transgender Caucus:

- 1) **New Horizons: A Comprehensive Path to Trans Health - June 30, 2015:** Ms. Enfield urged Commission members to attend the Summit at St. Anne's Maternity Home. It will truly be comprehensive including discussion of access to care.

B. Consumer Caucus: The Caucus met after the Commission.

C. Youth Caucus:

- 1) **April 9, 2015 Colloquium: National Youth HIV Awareness Day:** Ms. Granados noted the Colloquium at next month's meeting and urged Commission members to invite young people, especially young professionals in the field.

14. HOPWA REPORT:

- Ms. Flynn reported the RFP was released and the bidders' conference held. The RFP is slightly redesigned to better serve all in the County and has a strong emphasis on housing with services and coordination with DHSP and RW-funded medical homes to ensure reaching people with services where it is easiest to find them. The submittal deadline is 3/26/2015.
- In addition to its formula grant, HOPWA is applying to renew the third of a three-year \$1.5 million grant to support 105 rental assistance housing vouchers for 12 months to serve low-income PLWH/A who are homeless or at risk of homelessness. Clients may then convert to Section 8, if needed. The program is also funded in the formula grant.
- HUD announced notice of intent that day to conduct a project demonstration on violence against women in HIV/AIDS housing. It is accepting comments on how to develop the program.
- ➡ Ms. Flynn will send information on HUD's violence against women in housing project to staff for distribution.

15. CITY/HEALTH DISTRICT REPORTS:

- City of Los Angeles: Mr. Rosales said three commissioned papers were recently finalized. A paper developed with Children's Hospital pertains to business practices on hiring/retention of transgender individuals in the City. It will be released soon.

Commission on HIV Meeting Minutes

March 12, 2015

Page 9 of 9

- A paper developed with the East Los Angeles Women's Center pertains to intimate partner violence and HIV among women in East Los Angeles. It was released 3/10/2015 on National Women and Girl's HIV/AIDS Awareness Day. A related summit is planned for July. The Commission will receive the report and an invitation to the summit soon.
- The City has also updated its White Paper, the framework for the City AIDS Coordinator's Office efforts. The Office is also seeking a City proclamation supporting biomedical interventions, especially PrEP. That paper will also be shared shortly.
- City of West Hollywood: Mr. Giugni reported the City Council approved funds in December 2014 to assist in relocation and build-out of The Spot, a Los Angeles LGBT Center satellite. The new location is about four times larger which allows for increased HV and STD testing and treatment as well as increased substance abuse treatment for crystal meth.
- The contract being negotiated also brings PEP to the site with funding for community members who need assistance to access PEP. Next steps include mental health services for lesbians.
- The City Council adopted the Zero Transmission Initiative 2016 in January 2015 to stop transmission and progression of HIV.
- First steps include working with the National Minority AIDS Council to coordinate PrEP training for medical and other professionals tentatively planned for 5/13/2015 at Plummer Park. A community PrEP town hall will follow in the evening.
- The City also dedicated funds in 2014 for a PEP/PrEP social marketing campaign which leads people to the WeHo Life website with continually updated PEP/PrEP information.
- The City Council also adopted an Aging in Place Initiative in January 2015. The City is reviewing special populations, e.g., transgenders and PLWH long-term survivors to identify unique needs. The Social Services Division will hold a support group in the next few weeks with PLWH long-term survivors to inform the initiative.

16. SPA/DISTRICT REPORTS:

- SPA 2: Valley Community Health Care hosts Shame, Blame and Stigma, 3/19/2015, 6:00 to 7:30 pm. Call 818.301.6390.
- SPA 4: The next meeting will be 3/19/2015, 12:00 noon, at Bienestar in Hollywood. Contact Jill Rotenberg at 323.201.4516, ext. 3018 for information or to RSVP. JWCH is continuing to convene the monthly SPA 4 Network meetings.

17. AIDS EDUCATION/TRAINING CENTERS (AETCs): There was no report.

18. COMMISSION COMMENT: There were no comments.

19. ANNOUNCEMENTS:

- Ms. Forrest reminded all that Network and Nosh would be 3/27/2015 at CriHelp. Some 100 people have registered.
- She spoke with some of today's public. They thought they had to come with an agency to attend. Outreach could help.

20. ADJOURNMENT: The meeting adjourned at 1:01 pm.

- A. Roll Call (Present):** Ballesteros, Cadden, Cataldo, Donnelly, Enfield, Ferlito, Flynn, Forrest, Fox, Giugni, Granados, Green, Gutierrez, King, Kochems, Kushner, Land, Lantis, Lester, Lopez, Miguel Martinez, McMillin, Morales, Munoz, Pérez, Rios, Rivera, Rosales, Rotenberg, Smith, Spencer, Watts, Zaldivar.

MOTION AND VOTING SUMMARY

MOTION 1: Adjust, as necessary, and approve the Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve minutes from the 11/13/2014 Commission on HIV meetings, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
Motion 3: Approve New Membership Slate, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
Motion 4: Approve Policy #08.2109: Meeting Minutes and Summaries, as presented.	<i>Postponed</i>	MOTION POSTPONED
Motion 5: (Fox/Zaldivar): Oppose AB 517: (Gallager) Sexual Health and HIV/AIDS Prevention Education and forward the Commission's recommendation to the Board (<i>Passed by Consensus; 1 Abstention</i>).	<i>Abstention:</i> Pérez	MOTION PASSED Abstention: 1